

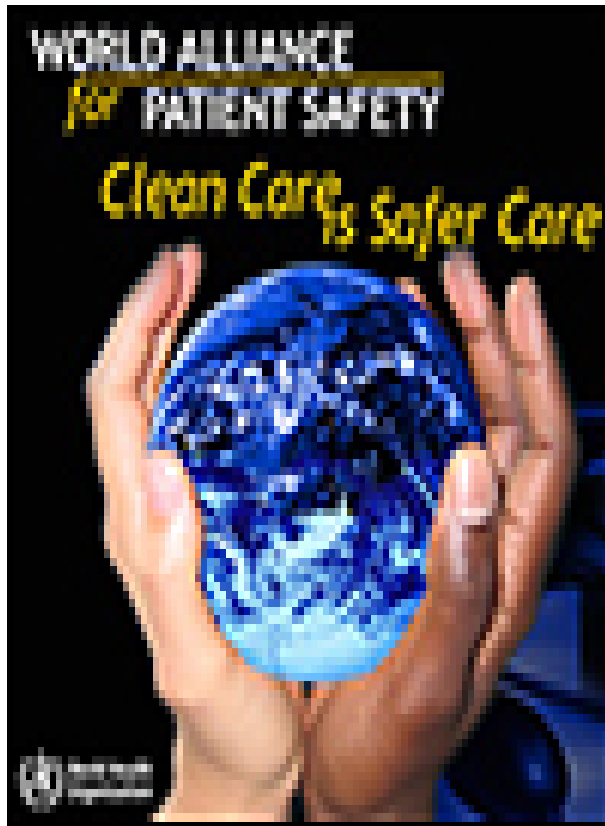
# Taking stock sulla legge 8 marzo 2017 n. 24 Italian Network for Safety in Healthcare

## La gestione delle ICA e Sepsi, consigli per i risk manager

24 Gennaio 2020

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AOU Città della Salute e della Scienza di Torino  
(Molinette, Regina Margherita, Sant'Anna, CTO)

# WHO Global Patient Safety Challenge



WHO 2005



WHO 2008

# AHRQ

## Strongly recommended patient safety practices

- Preoperative checklists and anesthesia checklists to prevent operative and post-operative events.
- Bundles that include checklists to prevent central line-associated bloodstream infections.
- Interventions to reduce urinary catheter use, including catheter reminders, stop orders, or nurse-initiated removal protocols.
- Bundles that include head-of-bed elevation, sedation vacations, oral care with chlorhexidine, and subglottic-suctioning endotracheal tubes to prevent ventilator-associated pneumonia.
- Hand hygiene.
- "Do Not Use" list for hazardous abbreviations.
- Multicomponent interventions to reduce pressure ulcers.
- Barrier precautions to prevent healthcare-associated infections.
- Use of real-time ultrasound for central line placement.
- Interventions to improve prophylaxis for venous thromboembolisms.

# AHRQ

## Recommended patient safety practices

- Multicomponent interventions to reduce falls.
- Use of clinical pharmacists to reduce adverse drug events.
- Documentation of patient preferences for life-sustaining treatment.
- Obtaining informed consent to improve patients' understanding of the potential risks of procedures.
- Team training.
- Medication reconciliation.
- Practices to reduce radiation exposure from fluoroscopy and computed tomography scans.
- Use of surgical outcome measurements and report cards, like the American College of Surgeons National Surgical Quality Improvement Program.
- Rapid response systems.
- Utilization of complementary methods for detecting adverse events/medical errors to monitor for patient safety problems.
- Computerized provider order entry.
- Use of simulation exercises in patient safety efforts.

# BMJ

## Evidence - Based interventions to reduce adverse events in hospitals

Patient-safety area	Intervention components relevant to patient safety
<b>Adverse drug event</b>	Multicomponent interventions, including pharmacist involvement and support of care teams or physicians; guideline implementation, including academic detailing, reminders and feedback of data
<b>Infection</b>	<ol style="list-style-type: none"> <li>1. Device-related infections               <ul style="list-style-type: none"> <li>- Care bundles e checklists</li> <li>- Training on appropriate catheter placement</li> <li>- Catheter restriction and removal protocols</li> <li>- Reminder or stop order to decrease catheter placement</li> </ul> </li> <li>2. Sepsis               <ul style="list-style-type: none"> <li>- Multicomponent programme aimed at improving compliance to sepsis care bundles, including education and decision support tools</li> </ul> </li> </ol>
<b>Delirium</b>	Multicomponent intervention, including cognitive screening, proactive geriatric consultation and psychotherapy; multicomponent intervention, including early mobility, cognition and orientation, sleep-wake cycle preservation; multicomponent intervention, including physiotherapy, family involvement and staff/family-member education
<b>Adverse event after hospital discharge or clinical handover</b>	Nurse-led early-discharge planning programmes

## Evidence - Based interventions to reduce adverse events in hospitals

Patient-safety area	Intervention components relevant to patient safety
<b>Fall</b>	Addressing risk factors by a multidisciplinary team; physiotherapy; multicomponent interventions, including risk alert card, exercise, education, hip protectors and geriatric assessment
<b>Adverse event in surgery</b>	Surgical Safety Checklist
<b>Cardiopulmonary arrest</b>	Critical-care outreach service; rapid response teams
<b>Staffing</b>	Increasing proportion of support staff Interdisciplinary team interventions
<b>Clinical pathway</b>	Multidisciplinary care plans with essential steps in care, supporting the translation of clinical guidelines into local protocols and application in practice

# ECRI Institute

## TOP2019 Top 10 Patient Safety Concerns

### 2019 Top 10 Patient Safety Concerns

#### 1. **Diagnostic Stewardship and Test Result Management Using Electronic Health Records:**

“If you don’t get the diagnosis right, appropriate care cannot follow”

“You need to have all the information and test results available, and you have to know when and where to look for that information to make the right diagnosis”

#### 2. **Antimicrobial Stewardship in Physician Practices and Aging Services:**

“Antibiotic stewardship does not mean withholding necessary treatment”

Perhaps the most significant challenge facing antibiotic stewardship is managing patient expectations. Patients “expect an antibiotic to help them get better”. Moreover, unnecessary antibiotic administration puts patients at unnecessary risk of adverse drug reaction. And the broadest concern is that overprescribing leads to antimicrobial resistance.

# ECRI Institute

## TOP2019 Top 10 Patient Safety Concerns

### 2019 Top 10 Patient Safety Concerns

#### 3. **Burnout and Its Impact on Patient Safety:**

“Ideally, it’s the patient’s goals that are the most important”

Burnout is a complex issue, with diverse stakeholders who sometimes have conflicting goals. Most of these goals individually are worthy. But the accumulation can become overwhelming.

#### 4. **Patient Safety Concerns Involving Mobile Health:**

“It’s no use to have a technology that the patient is supposed to use at home if the patient is not going to use it”

Usability concerns mean that methods for informing clinicians about user error and inactivity must be established. Along with assessing ease of use, organizations must identify the right candidates for mobile health, and provide training for both providers and patients on how to use a device.



# ECRI Institute

## TOP2019 Top 10 Patient Safety Concerns

### 2019 Top 10 Patient Safety Concerns

#### 5. **Reducing Discomfort with Behavioral Health:**

Healthcare organizations can also develop internal and external support systems.

#### 6. **Detecting Changes in a Patient's Condition:**

“Transitions of care and handoffs are critical times for care delivery, and they're fraught with danger”

“Passing along and receiving the correct information sets providers up for success.”

#### 7. **Developing and Maintaining Skills:**

“Simulation has been repeatedly proven in meta-analyses to be effective.”

Debriefings, an essential component of simulation training, are provided by a facilitator who observes the simulation and gives feedback

# ECRI Institute

## TOP2019 Top 10 Patient Safety Concerns

### 2019 Top 10 Patient Safety Concerns

#### 8. **Early Recognition of Sepsis across the Continuum:**

“Can we intervene quicker to get patients the care they need to prevent shock and death?”

Timely screening and recognition of sepsis is a challenge for other settings as well, including aging services and physician practices.

#### 9. **Infections from Peripherally Inserted IV Lines:**

“Any time you break the skin, you’re breaking down the body’s first line of defense against infection.”

Tracing infections back to the PIV line can be difficult, because healthcare workers tend to overestimate their safety. “If a patient gets both a peripheral line and a central line and later develops a bloodstream infection, clinicians will often attribute it to the central line without even considering the PIV line”.

# ECRI Institute

## TOP2019 Top 10 Patient Safety Concerns

### 2019 Top 10 Patient Safety Concerns

- 10. Standardizing Safety Efforts across Large Health Systems:**  
Regardless of organization size, the goal is to institute structures that effectively allow patient safety leaders to support organization leadership in engaging with patient safety priorities. Foundational principles of continuous communication up and down the chain of command, clear organizational structure, consistent committee configuration, and universal strategic planning and implementation can help the organization reduce inconsistencies and embed a strong focus on patient safety.

# Sinergie e integrazione tra rischio clinico e rischio infettivo

Il “Piano Nazionale di Contrasto dell’Antimicrobico-Resistenza (PNCAR) 2017-2020” è il programma di intesa tra il Governo, le Regioni e le Province autonome che si pone come obiettivo principale il contrasto alla diffusione della Antimicrobico-Resistenza.

La Legge 8 marzo 2017, n. 24 “Disposizioni in materia di sicurezza delle cure e della persona assistita, nonché in materia di responsabilità professionale degli esercenti le professioni sanitarie” prevede l’istituzione dei “Centri regionali per la gestione del rischio sanitario e la sicurezza del paziente” e dell’“Osservatorio nazionale delle buone pratiche sulla sicurezza nella sanità” presso l’Agenzia nazionale per i servizi sanitari regionali (AGENAS).

Favorire la ricerca e lo sviluppo di sinergie e integrazioni tra l’area tematica della sicurezza delle cure e quella del rischio infettivo, al fine di favorire una coerenza di programmi e azioni in ogni ambito: nazionale, regionale e aziendale.

Documento di consenso Conferenza Regioni e Province Autonome Maggio 2019

# Quality and outcomes of care indicators

## Unnecessary use of antibiotics contributes to antimicrobial resistance (OECD 2019)

Table 1.5. Dashboard on quality of care

	Safe prescribing		Effective primary care		Effective secondary care		Effective cancer care	
	Antibiotics prescribed (defined daily dose per 1 000 people)		Avoidable asthma / COPD admissions (per 100 000 people, age-sex standardised)		30-day mortality following AMI (per 100 000 people, age-sex standardised)		Breast cancer 5-year net survival (% , age-standardised)	
OECD	17.8	⊙	225	⊙	6.9	⊙	84.5	⊙
Australia	23.5	⊙	403	⊗	3.8	☑	89.5	☑
Austria	12.1	☑	248	⊙	6.2	⊙	84.8	⊙
Belgium	15.9	⊙	291	⊙	6.8	⊙	86.4	⊙
Canada	14.8	⊙	253	⊙	4.8	⊙	88.6	⊙
Chile	–		98	☑	8.2	⊙	75.5	⊗
Czech Republic	19.6	⊙	174	⊙	6.2	⊙	81.4	⊙
Denmark	13.9	⊙	325	⊗	3.2	☑	86.1	⊙
Estonia	10.1	☑	122	☑	9.6	⊗	76.6	⊗
Finland	12.6	⊙	182	⊙	8.0	⊙	88.5	⊙
France	23.0	⊙	150	⊙	5.6	⊙	86.7	⊙
Germany	12.3	☑	289	⊙	8.5	⊙	86.0	⊙
Greece	32.1	⊗	–		–		–	
Hungary	13.4	⊙	428	⊗	–		–	
Iceland	24.6	⊗	201	⊙	2.3	☑	89.1	⊙
Ireland	24.6	⊗	329	⊗	5.4	⊙	82.0	⊙
Israel	20.5	⊙	214	⊙	5.5	⊙	88.0	⊙
Italy	28.3	⊗	64	☑	5.4	⊙	86.0	⊙
Japan	–		58	☑	9.7	⊗	89.4	☑
Korea	26.5	⊗	263	⊙	9.6	⊗	86.6	⊙
Latvia	12.1	☑	242	⊙	13.4	⊗	76.9	⊗
Lithuania	13.6	⊙	263	⊙	8.6	⊙	73.5	⊗
Luxembourg	25.3	⊗	203	⊙	8.5	⊙	–	
Mexico	–		85	☑	27.5	⊗	–	
Netherlands	14.3	⊙	236	⊙	3.5	☑	86.6	⊙
New Zealand	25.8	⊗	363	⊗	4.7	⊙	87.6	⊙
Norway	14.6	⊙	244	⊙	3.5	☑	87.2	⊙
Poland	23.8	⊙	236	⊙	4.1	☑	76.5	⊗
Portugal	16.4	⊙	90	☑	7.3	⊙	87.6	⊙
Slovak Republic	23.6	⊙	209	⊙	5.9	⊙	75.5	⊗
Slovenia	19.0	⊙	128	⊙	4.1	☑	83.5	⊙
Spain	12.6	⊙	210	⊙	6.5	⊙	85.3	⊙
Sweden	10.2	☑	169	⊙	3.9	☑	88.8	⊙
Switzerland	–		138	⊙	–		86.2	⊙
Turkey	16.6	⊙	425	⊗	6.8	⊙	82.1	⊙
United Kingdom	17.5	⊙	281	⊙	7.0	⊙	85.6	⊙
United States	–		268	⊙	5.0	⊙	90.2	☑

Note: ☑ Better than OECD average; ⊙ Close to OECD average; ⊗ Worse than OECD average. Mexico excluded from standard deviation calculation for AMI mortality.

# Richieste di risarcimento liquidate AOU CdSS 2004 - 2014

Categoria	Numero di Eventi (%)	Importi liquidati (%)
Errori medici e infermieristici	53	67
Infezioni Correlate all'Assistenza	6	6
Eventi oggetto Raccomandazioni Ministeriali	41	27
<b>TOTAL</b>	<b>100</b>	<b>100</b>

# Antimicrobial Stewardship



A.O.U Città della Salute  
e della Scienza di Torino  
Presidio Molinette

## **Manuale di Terapia Antibiotica Empirica**

**Reparti di Medicina, Chirurgia  
Generale e Urologia**

**C.I.O. – Gruppo EBM**

**Versione 3 – giugno 2017**

# Antimicrobial Stewardship

## GRUPPO DI LAVORO

I componenti del gruppo di lavoro sono stati identificati dai Direttori delle diverse SC; sono stati inseriti nel gruppo un infettivologo proveniente dall'Ospedale Amedeo di Savoia, il Direttore della SC Microbiologia, due medici della SC Farmacia e due Caposala. Nel gruppo sono presenti membri del Comitato Infezioni Ospedaliere (CIO), della Commissione Antibiotici (CA) e della Antimicrobial Stewardship (AS).

Nome	Struttura di Appartenenza	Qualifica
R Arcari	SC Medicina Interna 3 U	Dirigente Medico
P Baron	SC Medicina Urgenza (MECAU)	Dirigente Medico
P Cassolino	SC Chirurgia Generale d'Urgenza 3 e PS	Dirigente Medico
F Cattel	SC Farmacia Ospedaliera	Dirigente Farmacista, gr EBM, CIO, CA, AS
R Cavallo	SC Microbiologia Virologia U	Dirigente Medico, gr EBM, CIO, CA, AS
A Comba	SC Geriatria e Malattie Metaboliche dell'osso U	Dirigente Medico
S Corcione	Università degli Studi di Torino	Specializzanda in Malattie Infettive
C Costa	SC Microbiologia Virologia U	Dirigente Medico
FG De Rosa	SC Medicina Interna 4U (Infettivologo)	Dirigente Medico, CIO, CA, AS
SAI Ferrero	SC Medicina Interna 5 U	Dirigente Medico
F Ficara	SC Medicina Interna 5	Dirigente Medico
F Fissore	SC Medicina Interna 5	Dirigente Medico
L Fossati	SC Microbiologia Virologia U	Dirigente Medico
SV Maule	SC Medicina Interna 4 U	Dirigente Medico
B Lillaz	SC Urologia U	Dirigente Medico
E Lupia	SC Medicina Urgenza (MECAU)	Dirigente Medico, gr EBM
S Morra di Cella	SC Medicina Interna 1 U	Dirigente Medico
G Mingrone	SC Chirurgia Generale 1U	Dirigente Medico
P Pasquero	SC Medicina Interna 1 U	Dirigente Medico
P Peasso	SC Medicina Interna 2 U Indirizzo D'Urgenza	Dirigente Medico
A Pioeghella	SC Microbiologia Virologia U	Specializzando Microbiologia
I M Raciti	SC Qualità, Risk Management e Accreditamento	Dirigente Medico, gr EBM
L Scaglione*	SC Medicina Interna 5 U	Dirigente Medico, gr EBM
C Silvestre	SC Direzione Sanitaria Presidio Molinette	CIO, CA, AS, gr EBM,
A Tarozzo	SC Farmacia Ospedaliera	Dirigente Farmacista

\* coordinatore

### Revisori

- Il dr A Busca (SC Ematologia) ha collaborato alla revisione del capitolo sulla Neutropenia febbrile
- Il dr L Besso (SC Nefrologia Dialisi e Trapianto U) ha collaborato alla revisione del capitolo sulle Infezioni Urinarie
- Il dr A Marzano (SC Gastroenterologia U) ha collaborato alla revisione del capitolo sulle Infezioni Addominali
- Il dr G Cadario (SC Allergologia e Immunologia Clinica) ha collaborato alla revisione del capitolo sull'Allergia ai  $\beta$ -lattamici



# Antimicrobial Stewardship

## Patient Safety and Quality of Care Good Practices

### 928 / Project on antibiotic therapy in a hospital setting

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#### Type of Patient Safety Practice

Clinical Practice (CP)

#### "Best fit" category of the reported practice

Infection control / Prevention of surgical site infections  
Medication / IV Fluids

#### Topic of the reported practice

Clinical guidelines or pathways

#### Aim and the benefit of the Patient Safety Practice

The project's objective is to ensure that all patients gets empirical antibiotic therapy (applies when the causative agent of the infection has not yet been identified) correct, at the right dosage and with appropriate timing.

#### Description of the Patient Safety Practice

The project has enabled the development of a manual containing all the information for the correct use of antibiotics in empiric therapy based on the results from the epidemiological surveys conducted within the hospital. The manual was produced in an extended version (with methods and references) and a pocket one where antibiotics and their dosages for all the most common bacterial infections are indicated. For the classes antibiotics considered as causing high risk of resistance, such as quinolones and carbapenems, cards were prepared to justify their request. It has been also prepared and distributed a poster describing the instructions outlined in the manual.

# Antimicrobial Stewardship

## Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship

### Executive Summary

This document presents guidelines for developing institutional programs to enhance antimicrobial stewardship, an activity that includes appropriate selection, dosing, route, and duration of antimicrobial therapy.


The multifaceted nature of antimicrobial stewardship has led to collaborative review and support of these recommendations by the following organizations: American Academy of Pediatrics, American Society of Health-System Pharmacists, Infectious Diseases Society for Obstetrics and Gynecology, Pediatric Infectious Diseases Society, Society for Hospital Medicine, and Society of Infectious Diseases Pharmacists. The primary goal of antimicrobial stewardship is to optimize clinical outcomes while minimizing unintended consequences of antimicrobial use, including toxicity, the selection of pathogenic organisms (such as *Clostridium difficile*), and the emergence of resistance. Thus, the appropriate use of antimicrobials is an essential part of patient safety

# Antimicrobial Stewardship

## Clinical practice guidelines for antimicrobial prophylaxis in surgery

These guidelines were developed jointly by the American Society of Health-System Pharmacists (ASHP), the Infectious Diseases Society of America (IDSA), the Surgical Infection Society (SIS), and the Society for Healthcare Epidemiology of America (SHEA). This work represents an update to the previously published ASHP Therapeutic Guidelines on Antimicrobial Prophylaxis in Surgery,<sup>1</sup> as well as guidelines from IDSA and SIS.<sup>2,3</sup> The guidelines are intended to provide practitioners with a standardized approach to the rational, safe, and effective use of antimicrobial agents for the prevention of surgical-site infections (SSIs) based on currently available clinical evidence and emerging issues.

# Sepsi

 <p>ASSOCIAZIONE ITALIANA DEI MEDICI INTENSIVISTI</p>	<b>Identificazione e gestione del paziente settico adulto</b>	PDTA.A909.E044	Rev. 0
<i>AOU Città della Salute e della Scienza</i>	PDTA	10/12/2018	Pagina 1 di 20

# Sepsi

## Perché il PDTA nella Città della Salute

- Aumentare la consapevolezza degli operatori sanitari riguardo il problema sepsi;
- Creare un clima di collaborazione tra le diverse figure professionali coinvolte nella gestione del paziente settico;
- Favorire un riconoscimento tempestivo dei pazienti con infezione e disfunzione d'organo;
- Implementare una serie di procedure concatenate che si è dimostrato migliorare l'esito dei pazienti (bundle Sepsis Six);
- Mettere in sicurezza il paziente e favorire la sua allocazione nel miglior setting disponibile.

# Sepsi

## **Gruppo di lavoro multiprofessionale e multidisciplinare**

Anestesisti

Internisti (Medici e Infermieri)

Urgentisti (Medici e Infermieri)

Ginecologi

Chirurghi plastici

Infettivologi

Microbiologi

Chirurghi generali

Urologi

Laboratoristi

Farmacisti

Medici di Direzione Sanitaria e Qualità

Gastroenterologi



**38 professionisti**

# Sepsi

## Modulo A

\*Fattori di rischio per Sepsis: immunocompromesso (chemioterapia, immunosoppressori, steroidi, HIV, trapianto), età >75aa, recente chirurgia/procedura invasiva, CVC/CV, uso di droga ev



### Sospetta Infezione/Infezione

Misurare Parametri

**Presenti due dei seguenti (qSOFA):**  
- PAs  $\leq$  100 mmHg - Fr  $\geq$  22/m'  
- Alterazione stato mentale  
**Oppure uno dei seguenti:**  
- PAs  $\leq$  90 (o riduzione  $>$ 40 mmHg da abituale) - Fr  $>$ 25/m' - Fc  $>$ 130/m' - FiO<sub>2</sub> 40% per mantenere SatO<sub>2</sub>  $>$  92% - alterazione stato mentale - anuria o, se CV,  $<$  0,5ml/kg/h - marezzeria cute

Contattare medico

Sì

Il Paziente ha/può avere un'infezione; considerare:  
- Emocolture  
- Terapia antibiotica

Parametri  
6-12 ore

No

Se: Fattori di rischio per sepsi\*, o se ci «preoccupa»:  
-> **eseguire:** emocolture, ematochimici, EGA+lattato, controllo diuresi

Sì

Contattare medico

- Lattato  $>$  2 mmol/L  
- variazione di **Crea**, INR, PLTs, Bil<sub>tot</sub>  
- Diuresi  $<$  0,5ml/kg/h

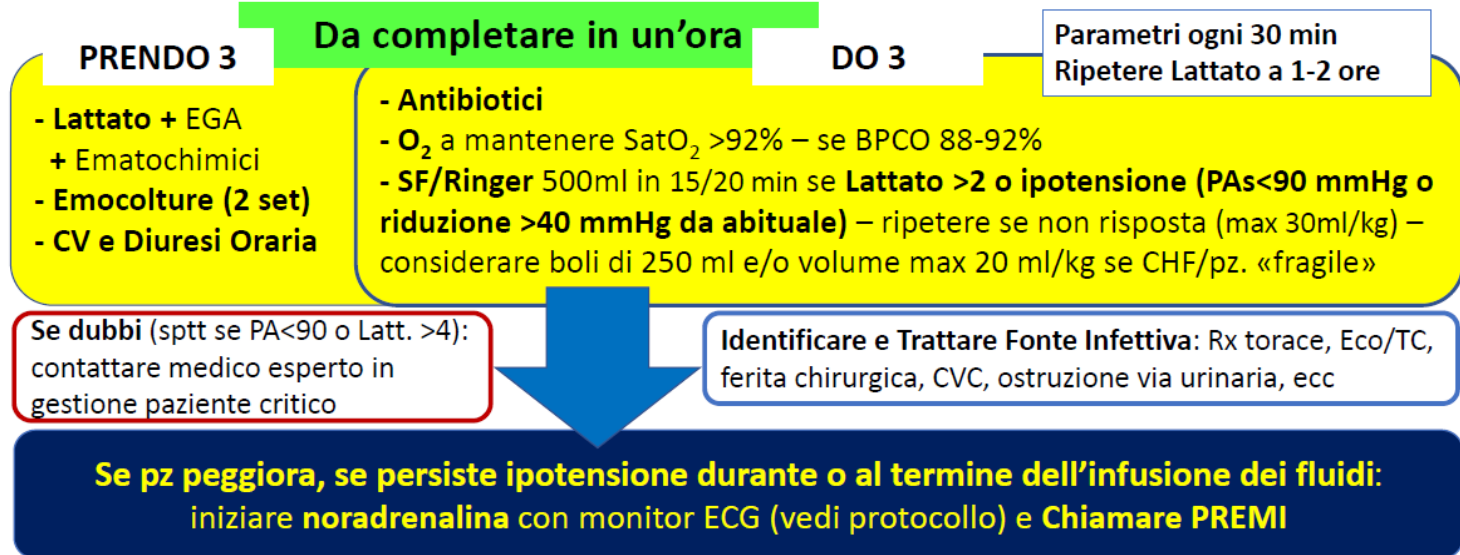
No

Parametri  
ogni 2-4 ore

Terapia  
antibiotica

# Sepsi

## Modulo B



### Schema di somministrazione della Noradrenalina – fl da 2 mg (corrisponde a 1 mg di noradrenalina)

#### Utilizzabile in vena periferica

3 fiale in SG5% 250cc = 12 mcg per ml (5 ml/h = 1 mcg/min)  
Dose (es 0,1 mcg) x Kg x 5 = velocità infusione

	50 kg	60 kg	70 kg	80 kg
0,05 mcg/kg/min	12 ml/h	15 ml/h	18 ml/h	20 ml/h
0,1 mcg/kg/min	25 ml/h	30 ml/h	35 ml/h	40 ml/h
0,15 mcg/kg/min	52,5 ml/h	45 ml/h	52,5 ml/h	60 ml/h
0,2 mcg/kg/min	50 ml/h	60 ml/h	70 ml/h	80 ml/h
0,3 mcg/kg/min	75 ml/h	90 ml/h	105 ml/h	120 cc/h
0,4 mcg/kg/min	100 ml/h	120 ml/h	140 cc/h	160 cc/h


#### Utilizzabile in vena centrale (pompa siringa)

3 fiale in SG5% 50cc = 60 mcg per ml (1 ml/ora = 1 mcg/min)  
Dose (es. 0,15 mcg) x Kg = velocità infusione (ml/h)

	50 kg	60 kg	70 kg	80 kg
0,05 mcg/kg/min	2,5 ml/h	3 ml/h	3,5 ml/h	4 ml/h
0,1 mcg/kg/min	5 ml/h	6 ml/h	7 ml/h	8 ml/h
0,15 mcg/kg/min	7,5 ml/h	9 ml/h	10,5 ml/h	12 ml/h
0,2 mcg/kg/min	10 ml/h	12 ml/h	14 ml/h	16 ml/h
0,3 mcg/kg/min	15 ml/h	18 ml/h	21 ml/h	24 ml/h
0,4 mcg/kg/min	20 ml/h	24 ml/h	28 ml/h	32 ml/h

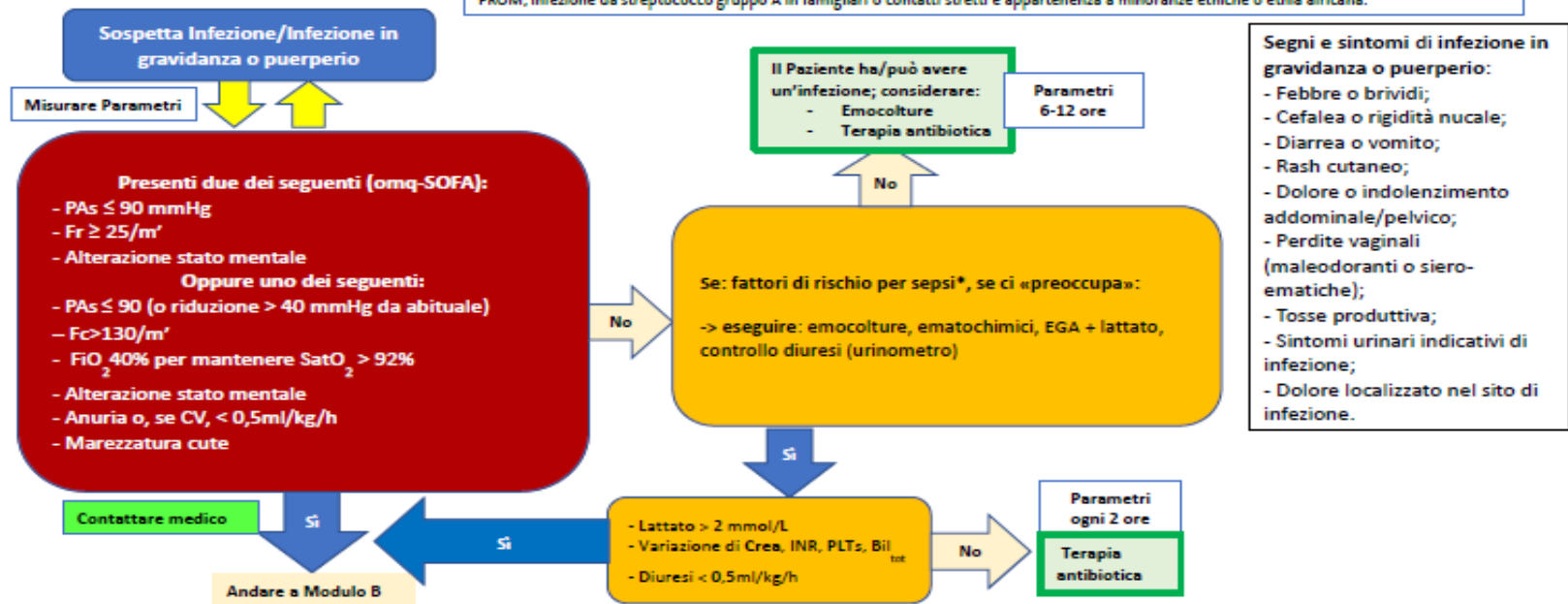


# Sepsi


 <p>AZIENDA OSPEDALIERO-UNIVERSITARIA Città della Salute e della Scienza Torino</p>	<p><b>Diagramma di flusso identificazione e gestione della sepsi nella paziente ostetrica</b></p>	<p>SCHE.A909.E44.00.05</p>	<p>Rev. 0</p>
<p>AOU Città della Salute e della Scienza</p>	<p>SCHEDA</p>	<p>10/12/2018</p>	<p>Pagina 1 di 7</p>

## Modulo A

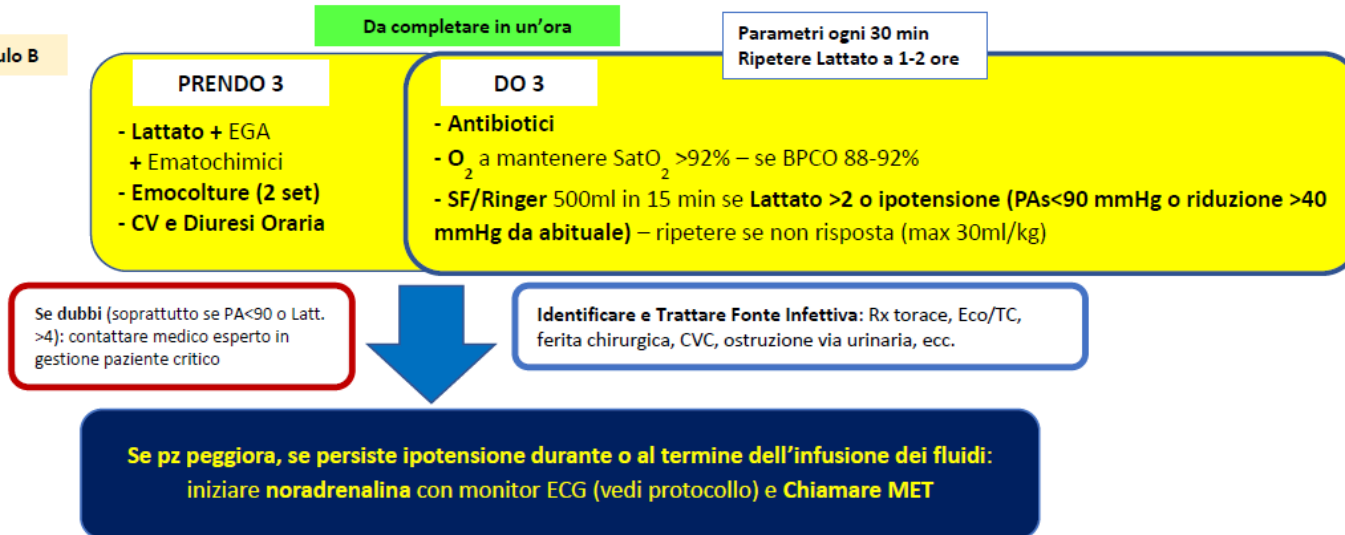
\*Fattori di rischio per Sepsì in gravidanza o puerperio: BMI > 30 kg/m<sup>2</sup>, alterata risposta glucidica/diabete, pz immunocompromessa, anemia, asplenia, pregresse infezioni pelviche, pregressa infezione da streptococco tipo B, amniocentesi o altre procedure invasive, taglio cesareo, ripetute visite in travaglio, ritenzione di materiale ovulare, infezioni localizzate, drepanocitosi, infezioni sessualmente trasmissibili, cerchiaggio cervicale, PROM, infezione da streptococco gruppo A in familiari o contatti stretti e appartenenza a minoranze etniche o etnia africana.



# Sepsi

	<b>Diagramma di flusso identificazione e gestione della sepsi nella paziente ostetrica</b>	SCHE.A909.E44.00.05	Rev. 0
AOU Città della Salute e della Scienza	SCHEDA	10/12/2018	Pagina 2 di 7

Modulo B



Note
- Parametri: è importante la variazione rispetto ai valori abituali
- Ematochimici: Na+, K+, creat., emocromo, AST, ALT, Bil tot, INR, aPTT, Fibrinogeno, PCT
- Per il monitoraggio della diuresi usare l'urinometro – fare bilancio idrico
- Lattato: sia venoso che arterioso; deve essere disponibile in 15 minuti. Dosare su emogasanalyzer più vicino al reparto – non utilizzare laboratorio centrale. Se >2 mmol/L, ricontrollare a 1-2 ore
- Prelevare almeno due set di emocolture da due siti diversi – se presente CVC, un set da lume CVC
- La terapia antibiotica deve seguire le emocolture - Consultare il "Manuale di terapia antibiotica empirica"
- Valutare sempre l'appropriatezza degli accessi venosi
- Bolo di cristalloidi (sol. Fisiologica o Bilanciata - es. Ringer) e.v. con spremisacca o pompa infusoriale adeguata
- Ogni bolo di cristalloidi deve essere seguito da una rivalutazione clinica
- La noradrenalina, in attesa di un accesso venoso centrale, può essere infusa in una vena periferica adeguata. Titolare il farmaco per raggiungere una MAP>65 mmHg o una PASistolica >95 mmHg

# Sepsi

**NICE** National Institute for  
Health and Care Excellence



## Sepsis: recognition, diagnosis and early management

NICE guideline

Published: 13 July 2016

[www.nice.org.uk/guidance/ng51](http://www.nice.org.uk/guidance/ng51)

# Patients for Patient Safety

## Patients for Patient Safety Partnerships for Safer Health Care



# La valutazione partecipata del grado di umanizzazione delle strutture di ricovero



Ricerca Corrente 2012  
La valutazione della qualità delle strutture ospedaliere  
secondo la prospettiva del cittadino

## Checklist per la valutazione partecipata del grado di umanizzazione delle strutture di ricovero

In collaborazione con  **AGENZIA  
VALUTAZIONE  
CIVICA**  
di CITTADINANZA E TUTELA

# La valutazione partecipata del grado di umanizzazione delle strutture di ricovero

## I temi della sicurezza valutati

Lotta alle infezioni ospedaliere

Igiene delle mani

Checklist per la sicurezza  
in sala operatoria

Sistema segnalazione eventi  
avversi e near misses

Segnalazione incidenti e situazioni  
di rischio da utenti struttura

Comunicazione al paziente e  
familiari in caso evento avverso

Informazione pazienti rischi e  
misure di sicurezza adottate

Corretta identificazione del paziente

Misure per la gestione del rischio  
di caduta dei pazienti

Braccialetto identificativo

# Changing how we think about healthcare improvement

## Conclusion

It's time to stop thickening the rule book, reorganising the boxes on the organisation chart, introducing more key performance indicators.

Every system can tell multiple success stories.